Case 1:20-cv-12283-GAO Document 52-2 Filed 06/29/22 Page 1 of 1 PLUMBERS UNION LOCAL NO. 12 WELFARE FUND 1230-1236 MASSACHUSETTS AVENUE BOSTON, MA 02125-1608

4/26/2022



Dear Member:

This letter is to remind you that you had an insufficient number of hours to qualify for full insurance coverage for the coverage period shown below.

Insurance Period

3/01/2022 thru 8/31/2022

To continue your coverage for the month shown below, you owe the following:

Coverage Month Amount Due 7/2022

\$168.84

To continue your coverage after the month indicated above, you must buy coverage under the following COBRA rates:

MEDICAL ONLY

MEDICAL & DENTAL

INDIVIDUAL COVERAGE

\$ 708.00

\$736.00

FAMILY COVERAGE

\$1857.00

\$1954.00

Please make checks payable to: Plumbers Union Local 12 Welfare Fund.

If you have any questions concerning this letter, please do not hesitate to contact the Trust Fund Office.

Fraternally yours,

Roger B. Gill Administrator